

Who's To Blame?

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As journalist Gregory Gilderma bluntly put it, "Russia is dying." According to the Centers for Disease Control and Prevention (CDC), Russian Federal AIDS Center, and the Joint United Nations Programme on HIV/AIDS (UNAIDS), the HIV/AIDS and injection drug use epidemics in Russia are spiraling out of control. In a country of approximately 143 million people, over 1 million are HIV-positive and over 2 million are injection drug users, primarily addicted to heroin. As a point of comparison, between 2002–2012 new HIV cases in South Africa decreased by 38 percent (although South Africa still has the highest prevalence of HIV/AIDS transmission), while new cases in Russia increased by a shocking 41 percent, during that same period. This current situation is unacceptable, particularly given the allocation of resources toward hosting the 2014 Olympic Winter Games.

In Russia, injection drug users (IDUs) and their partners, as well as sex workers, have the highest prevalence of HIV/AIDS. Following the collapse of the Soviet Union in 1991, and the ensuing socio-geographical fragmentation that resulted from it, Russia and the former Eastern Bloc countries have experienced a marked increase in drug trafficking and drug use, which have been steadily rising since then. This can be attributed to several factors, including economic stagnation, a high unemployment rate, and a steady supply of cheap, easily obtainable intravenous drugs (mostly opium-derived); it has become easy for its disoriented, dislocated population to acquire these drugs, using them as a temporary escape from the anxieties provoked by the socio-political upheaval.

This issue should not—at least at this critical time—be viewed through a moral lens; instead, Russia's values crisis should be approached as a sociopolitical failure which has resulted in a public health pandemic. In 2013 alone, approximately 54,000 new cases of HIV were reported in Russia; of these, injecting drug users represent an alarming 57.9 percent.

One of the barriers to addressing this epidemic has been the limited government funding for education regarding sex and drugs. This has only exacerbated the epidemic and interfered with prevention of HIV/AIDS. Although Russia allocated federal funding to HIV/AIDS treatment in 2006 (and those resources have since been bolstered by private donations) the fact remains that service delivery is sporadic, at best. This stems, in part, from logistical difficulties associated with importing and distributing medications.

Despite the obvious problem, the Russian government has refused to recognize the magnitude of this problem, and has failed to permit or provide funding for interventions that are widely and successfully implemented in other parts of the world, as a means of coping with these serious health issues.

In spite of substantial evidence demonstrating the effectiveness of medication-assisted therapies, the Kremlin insists on funding abstinence-based drug treatment, a method called “narcology,” as the preferred and only officially sanctioned “cure” for drug addiction. For example, the Russian Healthcare Department, which has provided state-sponsored healthcare since 1996, supports a “cold-turkey” approach to treating severe alcoholism and drug addictions. Furthermore, Russia prohibits treatment of drug addiction with methadone, a synthetic opioid used in opioid-substitution therapy—continuing to uphold a 1998 law banning narcotics and psychotropic substances. Despite some controversy, methadone has been consistently shown to be beneficial in treating opioid addiction. Rather than consider the medical and social benefits of treating hundreds of thousands of IDUs with methadone or any other medical opioid substitute, the Russian government takes a legalistic, as well as moralistic stance. Ultimately, this results in a lack of much-needed medical services. This unfortunate approach has serious implications, not only from a health-related perspective, but from a humanitarian one, as well.

In addition, Russia does not provide funding to develop and foster other harm reduction programs, such as syringe exchange programs (SEPs). Instead, not-for-profit, international medical and public health focused non-governmental organizations (NGOs), such as Médecins Sans Frontières, have attempted to fill the void, endeavoring to provide healthcare, as well as education and services to the Russian people.

Furthermore, in early 2012, the Putin administration blocked access to the website of the Andrey Rylkov Foundation for Health and Social Justice, a public health organization that advocated for methadone use to treat drug addictions. This move came after years in which the Russian government exhibited systemic reluctance to allocate funds for HIV/AIDS and drug addiction research, prevention, and outreach. Consequently, the Kremlin’s opposition to methadone use matches its active repression of dissent towards these policies.

In recent years, Russia has been under increasing scrutiny by the international medical and public health communities. The country’s ethnodemographic problems are a reflection of the Russian government’s complete failure to provide adequate healthcare services that adequately attend to the HIV/AIDS and intravenous drug epidemics. Given the scope of the problem, Russia has an obligation to its people to utilize an empirically-grounded and deontological approach in addressing this dual epidemic.

Sochi: A Just Reward?

An important question worth asking is, why the International Olympic Committee (IOC)—and the rest of the world by participation—has supported Russia’s hosting of the 2014 Winter Olympic Games when this country has consistently acted in resolute defiance of human rights, the responsibility to provide its people with adequate healthcare services, and the rights to free speech and to live without persecution? As a developed country, Russia behaves like a developing country struggling to afford its people basic medical and human rights—yet it manages to spend \$48 billion on the most expensive Olympics in history.

The International Olympic Committee is the body responsible for choosing the city where the Olympic Games are held, an honorary position for which applicant cities must meet certain basic conditions in order to qualify. The applicant city must prove that it is capable of hosting the Olympic competitions (i.e., that it has available space and can provide the requisite accommodations, transportation, security). It is essential, and quite interesting, to note that the requirement that the host city and country demonstrate justice, equality, and respect to its citizens—a basic value at the core of the Olympic Games—does not seem to be a consideration when making the choice.

Despite the frightening increase in new cases of HIV/AIDS each year, the Russian government prefers to focus its attention on cultivating an image of opulence, success, and prosperity, rather than on its dire healthcare situation. Nearly 1 percent of the population is infected with HIV/AIDS, though it seems the government is unconcerned by such statistics, which show to what degree its healthcare system is in a state of utter disrepair.

It is ethically disconcerting and worrisome to see how the world turns a blind, ambivalent eye to these horrors in order to be able to watch and celebrate the Games. Just like most everyone out there, I relish the experience of watching the Olympics. Nevertheless, there is a certain bitterness in watching the Games this year, knowing that they are taking place in an authoritarian, homophobic country with seemingly little concern for its current public health tragedy. Our participation in this year's glitzy, over-the-top expensive Olympic Games brought into bold relief a silent fault line in our presumed principled stance about a public health concern of universal proportions. It is both fascinating and highly troublesome to see how people all over the world choose to forget the ethical principles they claim to uphold.

A most revealing and unflattering observation about the Olympic Games lies in our willingness to ignore host countries' abuses, for the privilege and pleasure of watching the Games. Shouldn't our choices and behaviors reflect what we believe and guide us to fight for those principles we wish to uphold? Should we not refuse to support a country which disregards these principles?

La Rochefoucauld said, "Hypocrisy is the tribute that vice pays to virtue." Do we believe in what we say or in what we do?

The evidence supports the former. Unless we want to betray our democratic values, our self-serving, selective application of principles (i.e., only when it does not inconvenience us) should be exposed, acknowledged, and debated. It should not be overshadowed by the immediate gratification afforded us by the excitement elicited by the greatest winter sporting event in the last four years.

I wonder why has Russia, and before it China—another notorious abuser of human rights with a poor record of public health politics—been given the international honor of hosting the 2014 Winter Olympics? Are we not, then, all responsible as well?